

We Support You Scholarship HIGH SCHOOL SENIORS APPLICATION

Today's Date: (MM/DD/YYYY)	Applicant's Date of Birth: (MM/DD/YYYY)						
Applicant's First Name:	Last Name:				Middle Initial:		
Phone Number:	Email A	ddress:					
Street Address:							
City:				State:		Zip:	
How long have you lived at this address?			Are	you a Franklin C	ounty Res	ident? YES NO)
Name of High School Attending:		-					
High School Street Address:							
City:				State:		Zip:	
Graduation Date: (MM/DD/YYYY)	aduation Date: (MM/DD/YYYY) Phone Num		ber of High School:				
Father's Name:	er's Name: Father's Add		dress:				
Father's Employer:	ther's Employer: Father's Occ		cupation:				
Mother's Name:		Mother's Add	dress	:			
Mother's Employer:		Mother's Occ	upat	ion:			
Legal Guardian's Name:		Legal Guardia	an's A	ddress:			
Legal Guardian's Employer:		Legal Guardia	an's C	Occupation:			
Veterans Name:		Veterans Rela	ation	ship To Applican	ıt:		
Veterans Branch of Service:		Veterans Typ	e of I	Discharge:			
Does the Veteran have a Service Connected Disability	?	Veterans Dat	e of I	Death:			
_							

Please list siblings or others dependent on family income.

Provide Name, age, grade and school attending (or occupation, if applicable), with each person being listed on a separate line below.

Name	Relationship	Age	Grade	School Attending (or Occupation)



Applic	ant Name:
Please	type or print your responses to the following questions. Use additional paper if necessary.
1.	Briefly describe your long-term and short-term goals, including the number of years of schooling anticipated to attain these goals. (Your written statement is very important in the scholarship award decision.)
2.	List and give dates of all academic achievements, activities, civic honors, awards, &/or work experiences you have received/participated in during high school. Be sure to include leadership roles, if applicable. Make additional copies if needed.

Circ	cle Grad	e Level B	elow	Activity/Award (ex: Student of the Month, Sept. 2016) (ex: Greyhound Varsity Football, quarterback, Lettered 10, 11 & 12 grades) (ex: Part time Employee-drive through order taker)	Group/Team (ex: Lunchtime Lions Club) (ex: Team Captain) (ex: McDonald's of Chambersburg)
9 th	10 th	11 th	12 th		
9 th	10 th	11 th	12 th		
9 th	10 th	11 th	12 th		
9 th	10 th	11 th	12 th		
9 th	10 th	11 th	12 th		
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9 th	10 th	11 th	12 th		
9 th	10 th	11 th	12 th		



Franklin County Veterans Affairs We Support You Scholarship

HIGH SCHOOL	SENIORS APP	PLICATION
Applicant Name:		
 <u>List in order of Personal Preference</u> the names of a program or degree anticipated. Indicate if you hav 	-	
Name of Academic Institution	Degree Anticipated	Accepted; Rejected; Pending Acceptance?
1		
2		
3		
4. List all other scholarships you have applied for.		I
Scholarship Name	Received	Dollar Amount
	YESNO PEN	DING \$
	YESNO PEN	IDING \$
	YESNO PEN	DING \$
	YESNO PEN	DING \$
	YESNO PEN	DING \$
	YESNO PEN	DING \$
5. Using the chart below, itemize your anticipated an	nual expenses:	
Category	Estimo	ated Cost
Tuition	\$	
Room and Board	\$	
Textbooks	\$	
Transportation	\$	
Other (list)	\$	
TOTAL	\$	
6. Using the chart below, itemize your anticipated an	nual expenses:	
FAMILY \$	APPLICANT \$	



We Support You Scholarship

HIGH SCHOOL SENIORS APPLICATION

Applicant Name:					Guidance Submission Page 1 of 3
TO BE	WE SUPPOF		HOLARSHIP I		
Name of High School:					
Street Address:					
City:				State:	Zip:
Applicant's Career Goals:					
H.S. Graduation Date:			Cumulative Class	Rank:	
Cumulative GPA:			Total H.S. Class S	ize:	
			<u> </u>		
Attendance Information: Current School Year:	# Days Absent:			# Days Tardy:	
Previous School Year:	# Days Absent:			# Days Tardy:	
Test Score Information:					
SAT:	Reading:	Math:		Writing:	Date:
	Reading:	Math:		Writing:	Date:
	Reading:	Math:		Writing:	Date:
ACT:	Composite:	Date:		1	

Appli	cant Name:	Guidance Submission Page 2 of 3
2. Ple	ase answer the following as they relate to your knowledge of the applicant and his/her aptitude:	Puge 2 0j 3
	Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.	
В.	Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination accuracy, etc.	on, promptness,
c.	Why do you feel this applicant would be successful?	



Applicant Name:

Franklin County Veterans Affairs

We Support You Scholarship

HIGH SCHOOL SENIORS APPLICATION

	Page 3 of 3
D. Give any personal comments that would further describe the a	
The information I provided is accurate and true, to the best of my kno	wledge.
H.S. Guidance Counselor Signature :	Printed Name:
Email Address:	Phone Number:

GUIDANCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope.

Deadline for the applicant's completed application to be considered, it must be received by 4:30 PM on March 31, 2023 in its entirety.

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Veterans Affairs at 717-263-4326, between the hours of 8:30AM - 4:30 PM.

Thank You!

Guidance Submission

We Support You Scholarship HIGH SCHOOL SENIORS APPLICATION

WE SUPPORT YOU SCHOLARHSIP REFERENCE

First Reference Submission

Applicant's First Name:

Applicant's First Name:

Last Name:

Middle:

Phone Number:

Email Address:

City:

State:

State:

Zip:

Applicant's Career Goals:

THE FOLLOWING IS TO BE COMPLETED BY AN ADULT WHOM YOU BELIEVE WILL PROVIDE A POSITIVE RECOMMENDATION:

The above listed student is applying for a scholarship toward higher education. Please assist by providing the following information:

njornation.
1. Describe your relationship with this applicant.
2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude:
A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.
A. Describe the applicant's level of maturity-renability, ability to dear with new stautions, etc.



Applicant Name:		First Reference Submission
		Page 2 of 3
В.	Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.	
C.	Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determine	nation, promptness,
	accuracy, etc.	
D.	Why do you feel this applicant would be successful?	



Applicant Name:

Email Address:

Franklin County Veterans Affairs

We Support You Scholarship

HIGH SCHOOL SENIORS APPLICATION

		Page 3 of 3
E.	Give any personal comments that would further describe the a	oplicant, his/her character, personality, attitude, etc.
The in	formation I provided is accurate and true, to the best of my kno	wledge.
Signa		Printed Name:

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Phone Number:

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Thank You!

First Reference Submission



Applicant's First Name:

Phone Number:

Street Address:

Franklin County Veterans Affairs

We Support You Scholarship HIGH SCHOOL SENIORS APPLICATION

WE SUPPORT YOU SCHOLARHSIP REFERENCE

Second Reference Submission

Middle:

(Applicant should complete the highlighted portion only)

Last Name:

Email Address:

Page 1 of 3

City:	State:	Zip:
Applicant's Career Goals:		
THE FOLLOWING IS TO BE CON	MPLETED BY AN ADULT WHOM YOU BELIEVE	
	POSITIVE RECOMMENDATION:	
The above listed student is applying for a scholarship tow	ard higher education. Please assist by providing the	e following
information:		
1. Describe your relationship with this applicant.		
2. Please answer the following as they relate to your known		
A. Describe the applicant's level of maturity-reliabilit	y, ability to deal with new situations, etc.	



Applicant Name:		Second Reference Submission
		Page 2 of 3
B.	Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.	
٥.	Describe the approach steres of materialy remaining, admity to deal thin her steadies, etc.	
C.	Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, dete	rmination, promptness,
	accuracy, etc.	
D.	Why do you feel this applicant would be successful?	
	, , , , , , , , , , , , , , , , , , , ,	



Applicant Name:

Email Address:

Franklin County Veterans Affairs

Second Reference Submission

We Support You Scholarship

HIGH SCHOOL SENIORS APPLICATION

		Page 3 of 3	
E.	E. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.		
The information I provided is accurate and true, to the best of my knowledge.			
Signa		Printed Name:	

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